

INNER SELF-IMPROVEMENT PROGRAMS: PATHWAY TO GAIN INDEPENDENCE FROM THE DEPENDENCE OF ALCOHOL

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ABSTRACT

The use of alcohol by mankind has been reported throughout history in most civilizations. The social approval to alcohol use has varied from strong disapproval to being actively encouraged. Research has contributed substantially to our understanding of the relation of drinking to specific disorders and it has been proclaimed that alcohol consumption works as a catalyst to human health deterioration. In India, alcohol dependence have been recognized to have a significant impact on public health and in different facets of life only very recently. There are various practices and measures adopted by the government and NGOs to control the consumption of alcohol and get riddance from its addiction. However, these policies have been unsatisfactory to stop the excessive use of alcohol. The current review paper thus intends to analyze the effectiveness of self-improvement programs that focus on reducing alcoholism in the society. The best initiative that can be taken against this war with substance use would be to motivate and encourage people to stop abusing and exploiting the consumption of alcohol, and that would be possible only if people are aware of the side effects of this beverage. This paper proposes the dire need to consider alcohol dependence as a social determinant of health and implement strict laws that can spread awareness of alcoholic abuse among illiterate people to stop the substance exploitation.

Key words: Alcohol dependence, alcohol consumption, self-improvement programs

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1. INTRODUCTION

The intake of alcohol has been considered as a determinant for the degradation of human health since its inception. The alcohol beverages have been consumed by human societies since antiquity. For thousands of years, drinking alcohol has been a convention that is adopted by many cultures all over the world (McGovern, 2009). There is no doubt that the abuse of alcohol consumption affects not only physical health but mental stability of the consumer also; even the manufacturers can't deny this fact. It's intake

around the world is only increasing irrespective of its social and economic impacts. The consumption of alcohol can be influenced by various factors that can be age, gender, genetics, social surroundings, economic stability, culture and accessibility (Room et al., 2002). According to the report by Organization for Economic Cooperation and Development (OECD) in May 2015, the alcoholic consumption in India has increased by 55% from 1992 to 2012. It is estimated that the abuse of alcoholic intake has been the fifth leading cause of death worldwide. The alcohol consumption has resulted in approximately 3.3 million deaths each year (WHO Global Status Report on Alcohol and health, 2014).

There are an ample number of reasons that can accelerate the dependency of consumers on alcohol; reasons that give rise to alcohol addicts. Such reasons can range from mixing up and relaxing among strangers in a social event to making the social bond stronger among two people, to find alcohol tasty, to reduce stress caused by hardships of life, to look 'cool' or to like the feeling of intoxication (Freeman, 2006). There are also some cultures in which it is expected from people to drink. Also, it can depend upon the family history of alcoholism (Sayette, 1999). Various researchers have tried to understand the relation of drinking to health disorders and its impact on the society. The increasing consumption of alcohol calls for appropriate policies and measures that need to be undertaken to prevent this damage and control the intake of alcoholic beverages (Das, et al., 2006).

This review provides background to questions such as why people consume alcohol and what leads them to become alcohol-addict. It then recognizes the problems and disorders associated with alcohol consumption and looks at health impacts as well as social and psychological impacts. This study points to certain practices and policies deployed by the government and NGOs about alcohol prevention and what other measures can be taken to prevent its use. It is then analyzed that how such recommendations are relevant for India.

2. LITERATURE REVIEW

2.1. Alcohol Consumption and Dependence in India

Alcohol has been consumed in India for centuries. According to WHO, in India, about 30% of people are the consumers of alcohol. The average age of people when they initiate the use of alcohol was 17 years in 2007. Up to 13% of people in India are daily consumers and are referred to as addicts. Around 25% of road accidents have been registered as drink and driving cases. This abuse of alcohol has been a significant risk factor in terms of health and violence. As mentioned earlier, the pattern with which alcohol is consumed can depend on various factors such as age, culture, education, social and economic characteristics. In the last 20 years, there has been a substantial change in the usage of alcoholic beverages among different cultures and societies (Room et al., 2002). The role of alcohol consumption has been highlighted in several Indian mythological and religious books. From occasional and cultural use, the pattern of drinking has moved on to being a social event.

It has been estimated that alcohol consumption in India has witnessed an increase of 106.7% in the per capita consumption from 1970 to 1995. Around 62.5 million people are believed to be alcohol consumers, occasional or regular. Apart from that, India has become one of the largest producers of alcohol in the South-East Asia. It produces 65% of the alcoholic beverages. The most common reason in today's era for this consumption is 'to get drunk' (Mohan et al., 2001). Excessive drinking among people has raised concerns about their health and well-being (Saxena, 1999).

Several types of research have been conducted to analyse the consumption of alcohol in different regions of India. It has been evaluated that the poor and uneducated people residing in southern India have a higher prevalence of consuming alcohol (Chakravarthy, 1990). In central, north and north-east India, the prevalence of alcohol consumption is 20-38% in males, 10% in females and between 19.6 and 27.8% in elderly people (Mohan et al., 2001). Also, among these elderly people, approximately 84% of them are heavy drinkers. Fathima, 2012 conducted a research on alcohol consumption among adult males in villages. It was found that prevalence of alcohol utilization was 33% among males in which 14.5% were

dependable on alcohol. 58% of the male adults were lead to drink under peer pressure. Bhagabati et al., 2013 conducted a research on alcohol consumption in underage population and it was concluded that 22.2% of the students were drinking alcohol. They emphasised on this issue of underage drinking that needs to be considered by policy makers. The alcohol dependency behavior is depicted on some specific features showed by the consumer. These features can be increased tolerance towards alcohol consumption, cravings for more alcoholic beverages, withdrawal symptoms and rigid and regular pattern of consumption. The dependence on alcohol is developed as the consumer perceives drinking as a pleasurable activity where non-drinking turns into a distressful event (Marshall, J. 2009).

It can be inferred from the above studies that approximately 60% of adults were completely abstinent from alcohol.

2.2. The Problems and Disorders Associated with Alcohol Consumption

Fathima 2012 stated that 40% of male adults in a village of Bangalore were abusing the use of alcohol that was harmful. The consumption was associated with domestic violence, illness, financial and economic difficulties. The disorders and problems that are associated with alcohol consumption are reflected in the volume of consumption by an individual as well as the patterns of drinking (Rehm J, et al., 1996; Rehm J, et al., 2003). Such patterns can be regular consumption of alcohol, or irregular heavy drinking or cultural and occasional drinking. The patterns of drinking can result in injuries due to violent behavior (Greenfield, 2001) and also cause chronic diseases like coronary heart disease due to cardiac problems (Puddey et al., 1999). The excessive consumption of alcohol (however, there is no fixed dosage) increases the chances of liver damage and causes diseases like cirrhosis (Day, 2000). There has been an increase of risk of having breast cancer if the average volumes of alcohol consumption are increased (Ellison et al., 2001). Several studies have discovered that the drinkers that are dependent on alcohol have high chances of getting infected with coronary heart diseases as compared to those who do not drink alcohol (McElduff and Dobson, 1997). Alcohol is considered to be one of the main factors that initiates end-stage liver malfunctions. Such liver diseases are found common amongst alcohol addicts who consume excessive amounts of alcohol (Mandayam, 2004). Other than this deterioration of health, alcoholism is also responsible for intentional injuries due to violent behavior among drinkers. There are several cases of drink and drive where innocent people have been victimised (Graham and West, 2001). Motor vehicle accidents are the most common ones who have caused nearly 50000 deaths annually. Alcoholism is considered to be as a risk factor in spreading HIV infection as it can interfere with decision-making. Therefore, it is associated with high-risk behavior that can be due to drinking patterns or personality variables (Vijayanath, V. 2011).

2.3. Inner Self Improvement Programmes to Gain Independence from Alcohol Dependence

Detoxification is the first step taken towards the path of independence from alcohol addiction. It is the process of eliminating the toxic and addictive substances from the body. In detoxification, the intake of alcohol is ceased while subscribing a substitute medicine to subdue the effects of alcohol. There are many de-addiction centers in different parts of the country. These centers treat the addicted people with detoxification methods and other medical procedures (Manickam, 1994).

2.3.1. Disulfiram Therapy

Disulfiram acts as a deterrent and delays the drinking ability of an alcohol-dependent individual. It is used as a treatment for alcohol dependence since the 1940s and is also stated the first FDA-approved medication for the same (Petrakis, et al., 2006; De Sousa, 2010). The process of disulfiram is initiated by inducing the enzyme acetaldehyde dehydrogenase (ALDH) which produces an acute sensitivity to alcohol. The alcohol in the body is converted into acetaldehyde which is then reduced into dehydrogenase and if alcohol is consumed, the acetaldehyde in blood gives rise to various manifestations of disulfiram alcohol reaction (DER) causing unpleasant effects (Larsen, 1948). Disulfiram is a process which should be started along

with supportive and psychotherapeutic interventions for the best results or else the efforts to get rid of alcoholism will be diluted. Also, disulfiram should be started after detoxification from alcohol is completed and the patient is free of alcohol (Krampe and Ehrenreich, 2010).

2.3.2. Behavioral Treatment Approaches

Behavioral treatment approaches comprise of various techniques formed on the basis of behavioral principals to facilitate a healthy behavior change. These approaches comprise of training for coping mechanisms, relapse prevention, brief behavioral interventions, self-changing approaches and family behavioral treatments. There are counselling centers for those people who abuse the alcohol use. They consist of psychologists and social workers who visit the families of addicted people and relapsed persons. Further, motivation programs and behavioral approaches are conducted to encourage people who are intensively dependable on alcohol (Witkiewitz and Marlatt 2011).

2.3.3. Aversion Therapy

Various aversion techniques have been developed and implemented to treat alcoholism, excessive eating, compulsive behaviors, sexual deviations, and other problems. It is a psychological treatment in which the patient is subjected to discomfort while inducing stimulus such as electric shocks to stop the addictive behavior. To treat alcoholism, noxious stimulus is employed such as emetic that leads to vomiting. They are termed as the chemical aversion therapies where the goal is to pair the consumption of alcoholic beverages with drug-induced nausea (Elkins, 1975). The patients are given alcohol to drink first and then are injected with emetine which causes vomiting within a short span of time. The patients associate the sight, smell and taste of alcohol consumption with the vomiting, and this creates an aversion towards the alcohol. Rachman (1965) stated that the use of electric shocks as an aversion therapy can be more effective. The aversive shock removes the possibility of drug side effects in the chemical aversion therapy.

2.3.4. Anti-Craving Medications in The Treatment of Alcoholism

The individuals that are dependent on alcohol usually experience 'craving' when they are isolated from alcohol consumption. To stop these cravings, effective medications can be induced. Acamprosate and Naltrexone are such drugs that work best in anti-craving medications. Acamprosate is a derivative of the essential taurine amino acid, and when injected to an alcohol addict, it enhances the GABAergic neurotransmitter system. The GABAergic neurotransmitter system is reduced in persons that are exposed to alcohol. Acamprosate interfaces and acts on the calcium channels and reduces central nervous system hyper excitability caused by cessation of alcohol intake. It decreases the cravings that are related to the withdrawal symptoms (Annemans, et al., 2000). Naltrexone drug is used to dilute the effects of endogenous opioids in bodies of those who are heavy drinkers. The alcohol consumption increases the effects of endogenous opioids which leads to withdrawal syndrome. Naltrexone blocks these receptors and reduces the cravings for alcohol beverages. It is efficient when used along with psychosocial interventions (Carmen, et. al., 2004).

2.3.5. Government Policies

Several prevention policies have been deployed by the government where the idea is to prohibit the consumption of alcohol. The rules and restrictions are different in different states. Public awareness programs are launched to educate people about the harms and social impacts of consuming alcohols and substance use. The Ministry of Social Justice & Empowerment has been deploying schemes and mechanisms for Prohibition and Drug Abuse Prevention since the year 1985-86. The main focus is on implementing programmes for reducing the demand for drugs and alcohol use in the country (Saxena, 2000). The organization works with an objective to facilitate the support of families and friends in the treatment of the patients and create such facilities and centers that are able to achieve a drug-free environment. These Centres adopt a wide variety of approaches, systems and methodologies for treatment and rehabilitation of the addicts suitable and adaptable to the social customs, traditions and culture.

However, this does not in any way undermine adoption of scientific, modern and established systems of treatment.

2.3.5.1. Major initiatives on alcohol policies

1. National Policy for Drug Demand Reduction: It was implemented in 2014 that aims to achieve the following goals: Education & Awareness Building, Capacity Building & Training, Treatment and Rehabilitation and Treatment and Rehabilitation. This policy seeks to approach all the health and social effects on a victim of substance abuse, to evaluate the depth of such drugs and work on getting riddance from its consumption. The effort for reducing drug abuse in India is of paramount importance, and this policy is an attempt to overcome this social issue (The Ministry of Social Justice and Empowerment, 2014).
2. Joint Working Group on Rationalization of Excise Policy and Taxation: In December 2001, The Central Government Nodal Agency on Alcohol Policy in India initiated a joint working group on the rationalization of excise policy and taxation that was deployed in all the States and Union Territories in the country (W. H.O 2005). This act incorporated a Model Excise Policy and Act to prohibit and prevent the use the alcoholism. The Excise Policy for the year 2008-09 was initiated to tax and regulate the sale of alcohol in the country as per the Prohibition Policy on the Constitution of India under Article 47.
3. Draft National Policy on Substance Use (Alcohol & Drugs): In February 2009, a National Policy on Substance use was formulated by The Ministry of Social Justice and Empowerment and a draft was created which awaits final approval of the Government.
4. Developing a National Strategy to Reduce the Harmful Use of Alcohol in tune with the WHO Global Strategy: In 2010, The Ministry of Social Justice & Empowerment and the Govt. of India organized a one day workshop on 'Developing a National Strategy to Reduce the Harmful Use of Alcohol in Tune with the WHO Global Strategy' at New Delhi. Several instructions with regard to the 10 Policy Options and Interventions were reviewed and accepted. As Alcohol being a State Subject, it was decided to take it further to State levels.

3. METHODS

The study follows a review of the previously conducted empirical studies on the dependence of alcohol in India. A rigorous comparison of various studies was aimed to bring forward the factors that seemingly leads to alcohol dependence, along with recognizing the disorders associated with alcohol consumption and the role of self-improvement programs for achieving independence from alcoholism. The paper uses a descriptive research design since secondary data sources have been used to arrive at the analysis of the findings and draw further conclusions.

4. FINDINGS

It can be inferred from the literature review that even after deploying various strategies and self-improvement programs, there is no distinct change in the consumption of alcohol. The studies indicate that the alcohol consumption rate among men is much higher than women and mostly poor and uneducated people are more alcohol addicts. If there was 1 in a 300 who was a drinker, then now there is 1 in a 20 who drinks alcohol. It has been observed that 14 million people in India are dependent on alcohol and involved with hazardous drinking. The literature has shown evidence that the uneducated people in India are more inclined towards drinking, and the reason is their lack of knowledge and education. Also, alcohol use has emerged as a socially acceptable identity among people. Though, there are several policies and acts to prevent and control the consumption of alcohol; they are not that efficient to bring notable change in the country. The rules and laws are either not followed or not applied in the midst of bribe and corruption. As studied from secondary data sources, there are various possible factors estimated that have contributed to the failure of policy and programmes. One of the major factors is the lack of strictness of the laws to enact alcohol policies and prevention. There is an absence of a rational and scientific alcohol control policy

based on public health approaches. The conflicts among Centre and State level government on alcohol-related issues referring to production, taxation, sales and distribution of alcoholic beverages is also a factor that influences the alcohol consumption. The focus on revenue aspects of alcohol use in India is more than actually controlling its usage. Also, the promotional advertisements by alcohol manufacturers only fuel this demand of alcohol. Apart from that, the health issues and disorders that are accompanied by the excess use of alcohol is accelerated with the availability of low quality and cheap products of alcoholic beverages.

Alcoholism not only harms the health of an individual, but it negatively influences the community and families of addictive people. The alcohol addicts are unable to function normally within society and families tend to suffer financially as a result of this type of abuse. It is known that drink driving is responsible for many road deaths. Also, domestic and sexual abuses are often associated with alcohol abuse in India. In order to gain independence from alcoholism, it is imperative to deploy strategies that focus more on spreading awareness about alcoholic abuse and damage caused by it, rather than prohibiting its use. The prevention policies initiated by the government focuses on prohibiting the use of alcohol, but this strategy has showed no effective result as the people who want to drink, do it in hiding. India has a large population of uneducated people, and the rate of alcohol dependency among them is also high as compared to the educated people. So, instead of restricting the use of alcohol, the approach of spreading awareness by conducting workshops and advertisements can prove to be more efficient. The best initiative that can be taken against this war with substance use would be to motivate and encourage people to stop abusing and exploiting the consumption of alcohol, and that would be possible only if people are aware of the side effects of this beverage.

5. CONCLUSION

This paper explored the various aspects of alcohol dependence in India, including its consumption pattern, harmful effects and self-improvement programs launched to get riddance from alcohol addiction. It can be inferred from this study that the Indian society has come to realize the burden and impact of alcohol-related problems though they are still struggling to remove alcoholism from communities. The previous attempts by the government to control the problem have been unsatisfactory due to unscientific interventions and focusing more on revenue generation. It is essential to develop policies and programs that would promote the health and well-being of the people and control the use of substance abuse. This requires greater political commitment, professional involvement, the cooperation of the media and empowered society. It is imperative to address this issue of alcohol dependence and calls for a dire need of strict laws that can spread awareness of alcoholic abuse among illiterate people and further stop the exploitation of this harmful beverage.

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